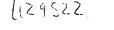
129522

FORM D





**UNITED STATES** SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

# FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

| OMB A | PPROV | /AL |
|-------|-------|-----|
| <br>  |       |     |

OMB Number: 3235-0076 Expires: May 31, 2005 Estimated average burden hours per

| SEC USE ONLY  |             |  |  |  |  |
|---------------|-------------|--|--|--|--|
| Prefix        | Serial<br>I |  |  |  |  |
| DATE RECEIVED |             |  |  |  |  |

| Name of Offering ( check if this is an amendment and name has changed, and indicate change.)  TurboGenomics, Inc. Convertible Notes w/ Warrants                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Filing Under (Check box(es) that apply):  Rule 504 Rule 505 Rule 506 Section 4(6) ULOE Type of Filing:  New Filing Amendment                                              |
| A. BASIC IDENTIFICATION DATA                                                                                                                                              |
| Enter the information requested about the issuer                                                                                                                          |
| Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  TurboWorx, Inc. f/k/a TurboGenomics, Inc.                                     |
| Address of Executive Offices (Number and Street, City, State, Zip Code) 265 Church Street, New Haven, CT 06510  (Number and Street, City, State, Zip Code) 203-974-0470   |
| Address of Principal Business Operations (Number and Street, City, State, FROCESSED)  (Number and Street, City, State, FROCESSED)                                         |
| Brief Description of Business Bioinformatics Application Service Provider  JAN 2 1 2003                                                                                   |
| Type of Business Organization  Corporation   limited partnership, already formed   business trust   limited partnership, to be formed   THOMSON   other (please specify): |
| Actual or Estimated Date of Incorporation or Organization:    Month   Year     Actual     Estimated   Estimated                                                           |
| Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:                                                              |
| CN for Canada; FN for other foreign jurisdiction)                                                                                                                         |

### **GENERAL INSTRUCTIONS**

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

|                                                                                                         | A. BASIC IDEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | TIFICATION DATA                  |            | · · · · · · · · · · · · · · · · · · · |
|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------------|---------------------------------------|
| 2. Enter the information requested for t                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del></del>                      |            |                                       |
| <ul><li>Each beneficial owner having the issuer;</li><li>Each executive officer and direction</li></ul> | the issuer has been organized within the power to vote or dispose, or distortion of corporate issuers and of corporate is | rect the vote or disposition of, |            | •                                     |
| Each general and managing part                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |            |                                       |
| Check Box(es) that Apply:  Prom                                                                         | oter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ☐ Executive Officer              | Director   | ☐ General and/or Managing Partner     |
| Full Name (Last name first, if individual) Gardiner, Gregory E.                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |            |                                       |
| Business or Residence Address (Number c/o TurboWorx, Inc., 265 Church Street                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |            |                                       |
| Check Box(es) that Apply:                                                                               | oter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Executive Officer                | Director   | General and/or Managing Partner       |
| Full Name (Last name first, if individual) Thalberg, Beverly E.                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |            | <u> </u>                              |
| Business or Residence Address (Number c/o TurboWorx, Inc., 265 Church Stree                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |            |                                       |
| Check Box(es) that Apply:  Prom                                                                         | oter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Executive Officer                | Director   | ☐ General and/or Managing Partner     |
| Full Name (Last name first, if individual) Augen, Jeffrey C.                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |            |                                       |
| Business or Residence Address (Number c/o TurboWorx, Inc., 265 Church Stre                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |            |                                       |
| Check Box(es) that Apply:  Prom                                                                         | oter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Executive Officer                | ☐ Director | ☐ General and/or Managing Partner     |
| Full Name (Last name first, if individual) Sherman, Andrew H.                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |            |                                       |
| Business-or Residence Address (Number c/o TurboWorx, Inc., 265 Church Stre                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |            |                                       |
| Check Box(es) that Apply:                                                                               | oter Beneficial Owner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ☐ Executive Officer              | ☐ Director | General and/or Managing Partner       |
| Full Name (Last name first, if individual) Scientific Computing Associates, Inc.                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |            |                                       |
| Business or Residence Address (Number c/o TurboWorx, Inc., 265 Church Stre                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |            |                                       |
| Check Box(es) that Apply:  Prom                                                                         | oter   Beneficial Owner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ☐ Executive Officer              | ☐ Director | ☐ General and/or<br>Managing Partner  |
| Full Name (Last name first, if individual)                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |            |                                       |
| Business or Residence Address (Number                                                                   | and Street, City, State, Zip Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                  |            |                                       |
| Check Box(es) that Apply:  Prom                                                                         | oter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ☐ Executive Officer              | Director   | General and/or Managing Partner       |
| Full Name (Last name first, if individual)                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |            |                                       |
| Business or Residence Address (Number                                                                   | and Street, City, State, Zip Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                  |            |                                       |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

|       | ·                                  |                            | ria<br>Les Segentes de                 |                                            | В.                                     | INFORMA                                  | ATION ABO                                  | OUT OFFER                    | ING                                              | ·                                       |              |                   |                       |
|-------|------------------------------------|----------------------------|----------------------------------------|--------------------------------------------|----------------------------------------|------------------------------------------|--------------------------------------------|------------------------------|--------------------------------------------------|-----------------------------------------|--------------|-------------------|-----------------------|
| 1.    | Has the                            |                            |                                        |                                            |                                        |                                          |                                            |                              |                                                  |                                         |              |                   | Yes No                |
|       |                                    |                            |                                        |                                            | Answer als                             | so in Appen                              | dix, Column                                | 2, if filing u               | nder ULOE.                                       |                                         |              |                   |                       |
| 2.    | What is                            | the minimu                 | m investm                              | ent that will                              | be accepte                             | d from any                               | individual?                                |                              |                                                  |                                         |              |                   | \$ 8,500.00<br>Yes No |
| 3.    | Does th                            | e offering p               | ermit joint                            | ownership (                                | of a single u                          | ınit?                                    |                                            |                              |                                                  |                                         |              |                   | <b>E</b>              |
| 4.    | similar<br>to be lis<br>list the r | remuneration ted is an ass | on for sol<br>lociated pe<br>broker or | licitation of<br>erson or ag<br>dealer. If | f purchases<br>gent of a l<br>more tha | rs in conne<br>broker or on the five (5) | ection with<br>dealer regist<br>persons to | sales of se-<br>ered with th | directly or incurities in the SEC and associated | he offering<br>or with a                | state or     | person<br>states, |                       |
| Full  | Name (L                            | ast name fi                | rst, if indiv                          | idual)                                     |                                        | <del></del>                              |                                            |                              |                                                  |                                         |              |                   |                       |
| Bus   | iness or F                         | Residence A                | ddress (Nu                             | mber and S                                 | treet, City,                           | State, Zip C                             | Code)                                      |                              |                                                  |                                         |              |                   |                       |
| Nan   | ne of Ass                          | ociated Bro                | ker or Deal                            | er                                         |                                        |                                          |                                            |                              |                                                  |                                         |              |                   |                       |
|       | 01 . 100                           |                            |                                        |                                            |                                        |                                          |                                            |                              |                                                  |                                         |              |                   |                       |
| Stat  | es in Whi                          | ich Person I               | isted Has                              | Solicited or                               | Intends to S                           | Solicit Purch                            | nasers                                     |                              |                                                  |                                         |              |                   |                       |
|       |                                    |                            |                                        |                                            |                                        |                                          |                                            |                              |                                                  |                                         |              |                   |                       |
|       | [AL]<br>[IL]                       | [AK]<br>[IN]               | [AZ]<br>[IA]                           | [AR]<br>[KS]                               | [CA]<br>[KY]                           | [CO]<br>[LA]                             | [CT]<br>[ME]                               | (DE)<br>[MD]                 | [DC]<br>[MA]                                     | [FL]<br>[MI]                            | [GA]<br>[MN] | [HI]<br>[MS]      | [ID]<br>[MO]          |
|       | [MT]<br>[RI]                       | [NE]<br>[SC]               | [NV]<br>[SD]                           | [NH]<br>[TN]                               | [NJ]<br>[TX]                           | [NM]<br>[UT]                             | [NY]<br>[VT]                               | [NC]<br>[VA]                 | [ND]<br>[WA]                                     | [OH]<br>[WV]                            | [OK]<br>[WI] | [OR]<br>[WY]      | [PA]<br>[PR]          |
| Full  |                                    | ast name fir               |                                        |                                            |                                        |                                          |                                            |                              |                                                  |                                         | [171]        |                   |                       |
|       | 1.41110 (2                         | out name in                |                                        |                                            |                                        |                                          |                                            |                              |                                                  |                                         |              |                   |                       |
| Bus   | iness or F                         | Residence A                | ddress (Nu                             | mber and S                                 | treet, City,                           | State, Zip C                             | Code)                                      | <del> </del>                 | · · · · · · · · · · · · · · · · · · ·            |                                         |              | *                 |                       |
| Nan   | ne of Ass                          | ociated Bro                | ker or Deal                            | er                                         |                                        |                                          |                                            |                              |                                                  |                                         |              |                   |                       |
| Stat  | es in Whi                          | ch Person I                | isted Has                              | Solicited or                               | Intends to S                           | Solicit Purcl                            | nasers                                     | <del></del>                  | <del></del>                                      |                                         |              |                   |                       |
|       | (Check                             | "All States"               | or check in                            | ndividual St                               | ates)                                  |                                          |                                            | •••••                        |                                                  | • • • • • • • • • • • • • • • • • • • • |              |                   |                       |
|       | [AL]                               | [AK]                       | [AZ]                                   | [AR]                                       | [CA]                                   | [CO]                                     |                                            | [DE]                         |                                                  | [FL]                                    | [GA]         | [HI]              | [ID]                  |
|       | [IL]<br>[MT]                       | [IN]<br>[NE]               | [IA]<br>[NV]                           | [KS]<br>[NH]                               | [KY]<br>[NJ]                           | [LA]<br>[NM]                             | [ME]<br>[NY]                               | [MD]<br>[NC]                 | [MA]<br>[ND]                                     | [MI]<br>[OH]                            | [MN]<br>[OK] | [MS]<br>[OR]      | [MO]<br>[PA]          |
|       | [RI]                               | [SC]                       | [SD]                                   | [TN]                                       | [TX]                                   | (UT)                                     | [VT]                                       | [VA]                         | [WA]                                             | [WV]                                    | [WI]         | [WY]              | [PR]                  |
| Full  | Name (L                            | ast name fu                | st, if indiv                           | idual)                                     |                                        |                                          |                                            |                              |                                                  |                                         |              |                   |                       |
| Bus   | iness or F                         | Residence A                | ddress (Nu                             | mber and S                                 | treet, City,                           | State, Zip C                             | Code)                                      |                              |                                                  |                                         |              |                   |                       |
| Nan   | ne of Ass                          | ociated Bro                | ker or Deal                            | er                                         | -                                      | · · · · · · · · · · · · · · · · · · ·    |                                            | <u> </u>                     |                                                  |                                         |              |                   |                       |
| State | es in Whi                          | ch Person L                | isted Has S                            | Solicited or                               | Intends to S                           | Solicit Purch                            | nasers                                     | <del></del>                  |                                                  |                                         |              |                   |                       |
|       | (Check                             | "All States"               | or check in                            | ndividual St                               | ates)                                  |                                          |                                            | ••••                         |                                                  |                                         |              |                   |                       |
|       | [AL]<br>[IL]                       | [AK]                       | [AZ]                                   | [AR]<br>[KS]                               | [CA]<br>[KY]                           | [CO]                                     | [CT]                                       | [DE]<br>[MD]                 | [DC]                                             | [FL]<br>[MI]                            | [GA]<br>[MN] | [HI]<br>[MS]      | [ID]<br>[MO]          |
|       | [MT]                               | [IN]<br>[NE]               | [IA]<br>[NV]                           | [NH]                                       | [NJ]                                   | [LA]<br>[NM]                             | [ME]<br>[NY]                               | [NC]                         | [MA]<br>[ND]                                     | [OH]                                    | [OK]         | [OR]              | [PA]                  |
|       | [RI]                               | [SC]                       | [SD]                                   | [TN]                                       | [TX]                                   | [UT]                                     | [TV]                                       | [VA]                         | [WA]                                             | [WV]                                    | [WI]         | [WY]              | [PR]                  |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.                                             | -                   |                                      |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------------|
|    | Towns of Consider                                                                                                                                                                                                                                                                                                                                                                     | Aggregate           | Amount Already                       |
|    | Type of Security  Debt                                                                                                                                                                                                                                                                                                                                                                | Offering Price      | Sold                                 |
|    |                                                                                                                                                                                                                                                                                                                                                                                       | \$                  | \$                                   |
|    | Equity                                                                                                                                                                                                                                                                                                                                                                                | \$                  | \$                                   |
|    | Convertible Securities (including warrants)                                                                                                                                                                                                                                                                                                                                           | \$_3,000,000        | \$ <u>2,567,980</u>                  |
|    | Partnership Interests                                                                                                                                                                                                                                                                                                                                                                 | \$                  | \$                                   |
|    | Other (Specify)                                                                                                                                                                                                                                                                                                                                                                       | \$                  | \$                                   |
|    | Total                                                                                                                                                                                                                                                                                                                                                                                 | \$_3,000,000        | \$ 2,567,980                         |
|    | Answer also in Appendix, Column 3, if filing under ULOE.                                                                                                                                                                                                                                                                                                                              |                     |                                      |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."            |                     |                                      |
|    |                                                                                                                                                                                                                                                                                                                                                                                       | Number<br>Investors | Aggregate Dollar Amount of Purchases |
|    | Accredited Investors                                                                                                                                                                                                                                                                                                                                                                  | 62                  | \$ <u>2,567,980</u>                  |
|    | Non-accredited Investors                                                                                                                                                                                                                                                                                                                                                              |                     | \$                                   |
|    | Total (for filings under Rule 504 only)                                                                                                                                                                                                                                                                                                                                               |                     | \$                                   |
|    | Answer also in Appendix, Column 4, if filing under ULOE.                                                                                                                                                                                                                                                                                                                              |                     |                                      |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.                                                                      |                     |                                      |
|    | Type of Offering                                                                                                                                                                                                                                                                                                                                                                      | Type of<br>Security | Dollar Amount<br>Sold                |
|    | Rule 505                                                                                                                                                                                                                                                                                                                                                                              | Security            | \$                                   |
|    | Regulation A                                                                                                                                                                                                                                                                                                                                                                          |                     | \$                                   |
|    | Rule 504                                                                                                                                                                                                                                                                                                                                                                              |                     | \$                                   |
|    | Total                                                                                                                                                                                                                                                                                                                                                                                 |                     | \$                                   |
| 4. | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. |                     | <u> </u>                             |
|    | Transfer Agent's Fees                                                                                                                                                                                                                                                                                                                                                                 |                     | \$                                   |
|    | Printing and Engraving Costs                                                                                                                                                                                                                                                                                                                                                          |                     | \$                                   |
|    | Legal Fees                                                                                                                                                                                                                                                                                                                                                                            | ×                   | \$ 12,000                            |
|    | Accounting Fees                                                                                                                                                                                                                                                                                                                                                                       |                     | <u> </u>                             |
|    | Engineering Fees                                                                                                                                                                                                                                                                                                                                                                      |                     | \$                                   |
|    | Sales Commissions (specify finders' fees separately)                                                                                                                                                                                                                                                                                                                                  | п                   | \$                                   |
|    | Other Expenses (identify) Blue Sky Filing Fees                                                                                                                                                                                                                                                                                                                                        | <u> </u>            | \$                                   |
|    | Total                                                                                                                                                                                                                                                                                                                                                                                 | <b>Z</b>            | \$ 14,650                            |
|    | 10:41                                                                                                                                                                                                                                                                                                                                                                                 | <u> </u>            | φ <u>14,030</u>                      |

|       | C. OFFERING PRIC                                | CE, NUMBER OF INVESTORS, EXPENSES AN                                                                                                                                        | D USE OI  | FPROCEEDS                                              |                       |
|-------|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------|-----------------------|
| t     | total expenses furnished in response to Part C  | offering price given in response to Part C - Question - Question 4.a. This difference is the "adjusted gross                                                                |           |                                                        | \$2,985,350           |
| 1     | of the purposes shown. If the amount for any    | purpose is not known, furnish an estimate and check purpose is not known, furnish an estimate and check payments listed must equal the adjusted gross proceed in 4.b above. | k the box |                                                        |                       |
|       |                                                 |                                                                                                                                                                             |           | Payments to<br>Officers,<br>Directors, &<br>Affiliates | Payments To<br>Others |
|       |                                                 |                                                                                                                                                                             |           | \$                                                     | □ <b>\$</b>           |
|       | Purchase of real estate                         |                                                                                                                                                                             | 🗆         | \$                                                     | □ \$                  |
|       | Purchase, rental or leasing and installation    | of machinery and equipment                                                                                                                                                  | 🗆         | \$                                                     | □ \$                  |
|       | Construction or leasing of plant buildings      | and facilities                                                                                                                                                              | 🗆         | \$                                                     | □ \$ <b>\$</b>        |
|       |                                                 | the value of securities involved in this offering that securities of another issuer pursuant to a merger)                                                                   | 🗆         | \$                                                     | <b>\$</b>             |
|       | Repayment of indebtedness                       |                                                                                                                                                                             | П         | \$                                                     | □ \$<br>□ \$          |
|       | ` •                                             |                                                                                                                                                                             |           | \$                                                     | <b>E</b> \$ 2,985,350 |
|       | •                                               |                                                                                                                                                                             |           | \$                                                     | □ \$                  |
|       |                                                 |                                                                                                                                                                             | _         |                                                        |                       |
|       |                                                 |                                                                                                                                                                             | 🗆         | \$                                                     | <b>\$</b>             |
|       |                                                 |                                                                                                                                                                             |           | \$                                                     | <b>2,985,350</b>      |
|       | Total Payments Listed (column totals add        | ed)                                                                                                                                                                         |           | <b>E</b> \$ 2,985                                      | <u>,350</u>           |
|       |                                                 | D. FEDERAL SIGNATURE                                                                                                                                                        |           |                                                        |                       |
| follo | wing signature constitutes an undertaking       | signed by the undersigned duly authorized pers<br>by the issuer to furnish to the U.S. Securitie<br>issuer to any non-accredited investor pursuant to para                  | s and Ex  | change Commission                                      |                       |
|       | er (Print or Type)<br>boWorx, Inc.              | Signature                                                                                                                                                                   | Date      |                                                        |                       |
| forn  | nerly known as TurboGenomics, Inc.              | peoply & Thackers                                                                                                                                                           | Januar    | y, /3 2003                                             |                       |
|       | e of Signer (Print or Type)<br>erly E. Thalberg | Title of Signed (Print or Type) Chairman                                                                                                                                    |           |                                                        |                       |
|       |                                                 |                                                                                                                                                                             |           |                                                        |                       |
|       |                                                 |                                                                                                                                                                             |           |                                                        |                       |
|       |                                                 |                                                                                                                                                                             |           |                                                        |                       |
|       |                                                 |                                                                                                                                                                             |           |                                                        |                       |
|       |                                                 |                                                                                                                                                                             |           |                                                        |                       |
|       |                                                 | ATTENTION —                                                                                                                                                                 |           |                                                        |                       |

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

|                                                                                                  | E. STATE SIGNATURE                                       |                                                                                                               |
|--------------------------------------------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
|                                                                                                  | ently subject to any of the disqualification provision   |                                                                                                               |
|                                                                                                  | See Appendix, Column 5, for state response.              |                                                                                                               |
| 2. The undersigned issuer hereby undertakes to f 239.500) at such times as required by state law |                                                          | nich this notice is filed, a notice on Form D (17 CFR                                                         |
| 3. The undersigned issuer hereby undertakes to fu                                                | mish to the state administrators, upon written reque     | st, information furnished by the issuer to offerees.                                                          |
|                                                                                                  | notice is filed and understands that the issuer claiming | isfied to be entitled to the Uniform limited Offering ng the availability of this exemption has the burden of |
| The issuer has read this notification and knows th authorized person.                            | e contents to be true and has duly caused this noti-     | ce to be signed on its behalf by the undersigned duly                                                         |
| Issuer (Print or Type) TurboWorx, Inc. formerly know as TurboGenomics, Inc.                      | Signature                                                | Date January, 2003                                                                                            |
| Name of Signer (Print or Type)  Beverly E. Thalberg                                              | Title (Print or Type) Chairman                           |                                                                                                               |

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

## APPENDIX

|       |                                | <del></del>                                        |                                                                                | APPENDIX                             |                                                                    |                                          |        |     |                                                                                                    |  |
|-------|--------------------------------|----------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------|--------------------------------------------------------------------|------------------------------------------|--------|-----|----------------------------------------------------------------------------------------------------|--|
| 1     | Intend<br>to non-a<br>investor | I to sell<br>accredited<br>is in State<br>-Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) |                                      | 4  Type of investor and amount purchased in State  (Part C-Item 2) |                                          |        |     | 5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) |  |
| State | Yes                            | No                                                 |                                                                                | Number of<br>Accredited<br>Investors | Amount                                                             | Number of<br>Non-Accredited<br>Investors | Amount | Yes | No                                                                                                 |  |
| AL    |                                |                                                    |                                                                                |                                      | '                                                                  |                                          |        |     |                                                                                                    |  |
| AK    |                                |                                                    |                                                                                |                                      |                                                                    |                                          |        |     |                                                                                                    |  |
| AZ    |                                | 1                                                  | Notes w/Warrants \$3,000,000                                                   | 1                                    | \$175,000                                                          |                                          |        |     | ✓                                                                                                  |  |
| AR    |                                |                                                    |                                                                                |                                      |                                                                    |                                          |        |     |                                                                                                    |  |
| CA    |                                | 1                                                  | Notes w/Warrants \$3,000,000                                                   | 13                                   | \$373,500                                                          |                                          |        |     | 1                                                                                                  |  |
| СО    |                                |                                                    |                                                                                |                                      |                                                                    |                                          |        |     |                                                                                                    |  |
| СТ    |                                | 1                                                  | Notes w/Warrants \$3,000,000                                                   | 7                                    | \$147,500                                                          |                                          |        |     | 1                                                                                                  |  |
| DE    |                                |                                                    |                                                                                |                                      |                                                                    |                                          |        |     |                                                                                                    |  |
| DC    |                                |                                                    |                                                                                |                                      |                                                                    |                                          |        |     |                                                                                                    |  |
| FL    |                                | 1                                                  | Notes w/Warrants \$3,000,000                                                   | 1                                    | \$25,000                                                           |                                          |        |     | 1                                                                                                  |  |
| GA    |                                |                                                    |                                                                                |                                      |                                                                    |                                          |        |     |                                                                                                    |  |
| HI    |                                |                                                    |                                                                                |                                      |                                                                    |                                          |        |     |                                                                                                    |  |
| ID    |                                |                                                    |                                                                                |                                      |                                                                    |                                          |        |     |                                                                                                    |  |
| IL    |                                | 1                                                  | Notes w/Warrants \$3,000,000                                                   | 2                                    | \$75,000                                                           |                                          |        |     | 1                                                                                                  |  |
| IN    |                                | 1                                                  | Notes w/Warrants \$3,000,000                                                   | 1                                    | \$75,000                                                           |                                          |        |     | 1                                                                                                  |  |
| IA    |                                | 1                                                  | Notes w/Warrants \$3,000,000                                                   | 1                                    | \$25,000                                                           |                                          |        |     | ✓                                                                                                  |  |
| KS    |                                |                                                    |                                                                                |                                      |                                                                    |                                          |        |     |                                                                                                    |  |
| KY    |                                |                                                    |                                                                                |                                      |                                                                    |                                          |        |     |                                                                                                    |  |
| LA    |                                |                                                    |                                                                                |                                      |                                                                    | :                                        |        |     |                                                                                                    |  |
| ME    |                                |                                                    |                                                                                |                                      |                                                                    |                                          |        |     |                                                                                                    |  |
| MD    | \                              |                                                    |                                                                                |                                      |                                                                    |                                          |        |     |                                                                                                    |  |
| MA    |                                | 1                                                  | Notes w/Warrants \$3,000,000                                                   | 2                                    | \$75,000                                                           |                                          |        |     | 1                                                                                                  |  |
| MI    |                                | 1                                                  | Notes w/Warrants \$3,000,000                                                   | 1                                    | \$25,000                                                           |                                          |        |     | ✓                                                                                                  |  |
| MN    | _                              |                                                    |                                                                                |                                      |                                                                    |                                          |        |     |                                                                                                    |  |
| MS    |                                |                                                    |                                                                                |                                      |                                                                    |                                          |        |     |                                                                                                    |  |
| МО    |                                | 1                                                  | Notes w/Warrants \$3,000,000                                                   | 1                                    | \$20,000                                                           |                                          |        | -   | 1                                                                                                  |  |
| MT    |                                |                                                    |                                                                                |                                      |                                                                    |                                          |        |     |                                                                                                    |  |

| A | D | ρī | F1 | VI | n | IX |
|---|---|----|----|----|---|----|
|   |   |    |    |    |   |    |

|       | 1                              | 2                                                   | 3                                                                                          | APPENDIX 4                           |                                                                      |                                          |        |                                                                                                                 | 5       |  |
|-------|--------------------------------|-----------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------------------------------------------|------------------------------------------|--------|-----------------------------------------------------------------------------------------------------------------|---------|--|
| 1     | Intend<br>to non-a<br>investor | d to sell<br>accredited<br>is in State<br>3-Item 1) | Type of security<br>and aggregate<br>offering price<br>offered in state<br>(Part C-Item 1) |                                      | Type of investor and<br>amount purchased in State<br>(Part C-Item 2) |                                          |        | Disqualification<br>under State ULOE<br>(if yes, attach<br>explanation of<br>waiver granted)<br>(Part E-Item 1) |         |  |
| State | Yes                            | No                                                  |                                                                                            | Number of<br>Accredited<br>Investors | Amount                                                               | Number of<br>Non-Accredited<br>Investors | Amount | Yes                                                                                                             | No      |  |
| NE    |                                | 1.0                                                 |                                                                                            |                                      |                                                                      | 21.0000                                  |        | ,                                                                                                               | -       |  |
| NV    | <del></del>                    |                                                     |                                                                                            |                                      |                                                                      |                                          |        |                                                                                                                 |         |  |
| NH    |                                |                                                     |                                                                                            |                                      |                                                                      |                                          |        |                                                                                                                 |         |  |
| NJ    | _                              | <b>✓</b>                                            | Notes w/Warrants \$3,000,000                                                               | 5                                    | \$140,000                                                            | ;                                        |        |                                                                                                                 | 1       |  |
| NM    |                                |                                                     |                                                                                            |                                      |                                                                      |                                          |        |                                                                                                                 |         |  |
| NY    |                                | 1                                                   | Notes w/Warrants \$3,000,000                                                               | 14                                   | \$504,500                                                            |                                          |        |                                                                                                                 | 1       |  |
| NC    |                                |                                                     |                                                                                            |                                      |                                                                      |                                          |        |                                                                                                                 |         |  |
| ND    |                                |                                                     |                                                                                            |                                      |                                                                      |                                          |        |                                                                                                                 |         |  |
| ОН    |                                |                                                     |                                                                                            |                                      |                                                                      |                                          |        |                                                                                                                 |         |  |
| ОК    |                                |                                                     |                                                                                            |                                      |                                                                      |                                          |        |                                                                                                                 |         |  |
| OR    |                                |                                                     |                                                                                            |                                      | ,                                                                    |                                          |        |                                                                                                                 |         |  |
| PA    |                                | 1                                                   | Notes w/Warrants \$3,000,000                                                               | 1                                    | \$25,000                                                             |                                          |        |                                                                                                                 | ✓       |  |
| RI    |                                |                                                     |                                                                                            |                                      |                                                                      |                                          |        |                                                                                                                 |         |  |
| SC    |                                |                                                     |                                                                                            |                                      |                                                                      |                                          |        |                                                                                                                 |         |  |
| SD    |                                |                                                     |                                                                                            |                                      |                                                                      |                                          |        |                                                                                                                 |         |  |
| TN    |                                |                                                     |                                                                                            |                                      |                                                                      |                                          |        |                                                                                                                 |         |  |
| TX    |                                |                                                     |                                                                                            |                                      |                                                                      |                                          |        |                                                                                                                 |         |  |
| UT    |                                |                                                     |                                                                                            |                                      |                                                                      |                                          |        |                                                                                                                 |         |  |
| VT    |                                |                                                     |                                                                                            |                                      |                                                                      |                                          |        |                                                                                                                 |         |  |
| VA    |                                | ✓                                                   | Notes w/Warrants \$3,000,000                                                               | 1                                    | \$500,000                                                            |                                          |        |                                                                                                                 | 1       |  |
| WA    |                                | ✓                                                   | Notes w/Warrants \$3,000,000                                                               | 2                                    | \$50,000                                                             |                                          |        |                                                                                                                 | 1       |  |
| wv    |                                |                                                     |                                                                                            |                                      |                                                                      |                                          |        |                                                                                                                 |         |  |
| WI    |                                |                                                     |                                                                                            |                                      |                                                                      |                                          |        |                                                                                                                 |         |  |
| WY    |                                |                                                     |                                                                                            |                                      |                                                                      |                                          |        |                                                                                                                 |         |  |
| PR    |                                |                                                     |                                                                                            |                                      |                                                                      |                                          |        |                                                                                                                 | 19150v1 |  |